### FOR STATE

HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necessory, please execute the certifine, writing the word "pending" is pending in them. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for each and the Chief Medical Examiner's Office along with form PM3. Page 5 may be related for infiltering to Funeral Directors. Page 3 should be used as a bupial-transit permit. File pages 1 and 2 with the State Boord of Health or its designated agent, prior to burial, cremation, of Fmoval; and is any event within 72 hours after death.

VS. AISME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4746

04732 Reg. Dist. No.

1.	FLACE OF DEATH G. COUNTY	Ct No1-		MARYLAN	A STATE			ed lived. If insti-	TY M	d		ission)
-	L CITY OF TOWN	St. Mary's	0110.11	c. LENGTH OF STAY IN T		Maryl			The State of the S		mery	
	and give negrest town		RURAL	C. LENGTH OF STATE IN T				orate limits, writ	e KUKAL gr	g Sine s	learest to	wn)
Ū	SNAS, Patux			Seconds		er Sp	ring		15-5	6-0	2	V
	d. NAME OF HOSPIT	AL OR INSTITUTION (IF	not in hosp	oital, give street address)	d. STREET	ADDRESS					e. 15 R	A FARM?
-					103	01 Cr	estmoo	r Dr.				NO 🗱
3.	NAME OF DECEASED	First	1	Middle	to	it.	4. DATE	Mon	th	Day	Y	feor
	(Type or print)	18 VIII		нди	ATWELL		OF DEATH	April		,	1	9 59
5.	. SEX	6. COLOR OR RACE	7. MARRIE	DE NEVER MARRIED	B. DATE OF BIRT	н		9. AGE (In years	IF UNDE	TYEAR	IF UND	ER 24 HRS.
100	lale	- me au - me so mi minut	WIDOWED		December	14,1	923	35 yrs.	Months	Days	Hours	Min.
10	a. USUAL OCCUPATION	ON (Give kind of work d ng life, even if retired)	one 10b. K	GOW PIEMER OF INDI	USTRY 11. BIRTHPI	ACE (State	ar fareign c	ountry)	12. CI1	IZEN O	F WHAT	COUNTRY
	Industria	ig ille, even il reilled)			rd. Texa	s			US	iA.		
1	3. FATHER'S NAME				14. MOTHER'S		VAME	-		-		
	Ben F. At	well			Rose	a T.e.s	Snai	alding				
		ER IN U. S. ARMED FOR	CES7 16. 5	SOCIAL SECURITY NO. 17	INFORMANTOE				Recor	nda.	atha ca	-
15	Yes 11	41 to 3/4	ervice)	(3 00 000						. ULD 8		
=		TH [Enter only one cous			MART	J, AI	lacus	tia, D.	U.	Lines	RVAL BETWE	7241
		TH WAS CAUSED BY:			- Tro december					ANS!	ET AND DEA	ately
V	W	IMMEDIATE CAUSE (0)	EXT	reme Multiple	e injurie	95				J. 11.	MEGIT	acetà
	860 X	DUE TO										
	Conditions, if o											
	gove rise to imme (a), stating the											
	couse lost.	(c)_										
3	PART II. OTI	HER SIGNIFICANT COND	NITIONS CO	NTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERM	INAL DISEASE	CONDITION G	VEN IN PAI	PT 1(a) 1		
CEPTIFICATION.	1										YES T	RMED?
AL AL	PRIMARY TO OF CO	USE WAS 206	DESCRIBE	HOW INJURY OCCURRED	. (Enter nature of in	njury in Par	t For Fort ff	of item 18.)				
a a	CAUSE OF DEATH.	NIKIBUTING L	rash.	while landi	ng. of mi	litar	y airc	eraft.				
13	20c. TIME OF INJU		200	CUETOCURRED 120 V	LADELOS INTLINY	Home, form	20f. (City	or lown)	(Ce	unty)		(State)
S CALL	11:30 80%	Annil 5 10 4	O White	Not white Na	val Air	tatio	n Pati	exent Ri	ver.S	t.Ma	ry's	Md.
1				emoins described of				spection X				
		1									-	d in my
	opinion deoin	resurred from:	latural c	ouses . Accident				, Undet			er 📙	
	ACTUAL	1 N. 18.180	IT, CI	PT MC USN,	USNAS			IVER, MD.	4-5-	59	DATE S	IGNED
2.	SIGNATURE	1. 0	7		M.D.		AMINER [					
2	EXAMINER'S	May.	13.	2 (11)	ASSISTA	INT MEDIC	AL EXAMINE					
	NAME (Type) WI	1 D. BOYD, N	1.D.	10- 10	DEPUTY	MEDICAL	EXAMINER 5	1				
23	20. BURIAL, CREMATIC REMOVAL (Specify)	ON. 226. DATE THEREOF		22e. NAME OF CEMETERY	OR CREMATORY		22d. 10CAT	ION (City, town,	or county)		(State	e)
	Burial	4-8-59		Arlington Na	ational		Arli	ngton		Vir	ginia	B
1	3. FUNERAL DIRECTOR			ADDRESS		24a, REC'	D BY REGISTI	-	STRAR'S SE			
	ADAMS FUNE	RAL HOME, 47	48 W1	sc. Ave., NW,	Wash, DC	DATE	R 8 '59	Cin	thuy &	Than	4	

STOM TAREAST VICTOR TO BE SET TRANSPORT FOR COMMISSION 20 20 20 CENTED OF BUILDING Present to the control of the control of Talenda (San Maria Carda)  1. PLACE OF DEATH

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4747

CERTIFICATE O 2. USUAL

F DEATH	(1475 Reg. Dist. No.					
	If institution: Residence before admission. COUNTY St. Mary's					

24b. REGISTRAR'S SIGNATURE

anthon S. Kraus

24a. REC'D BY REGISTRAR

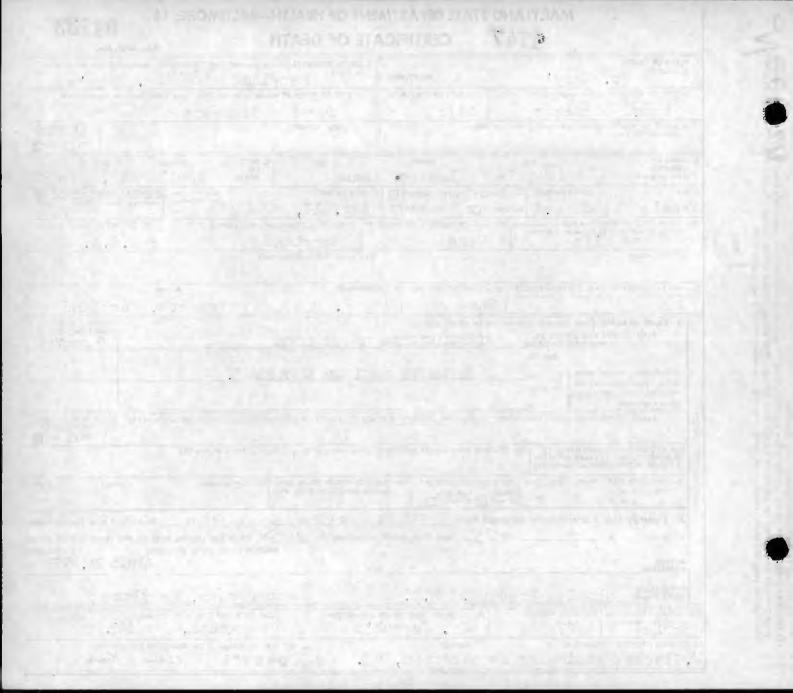
DATE APR 2 8 '59

a. COUNTY S	t. Mary's	MARYLAND	o. STATE Mar	yland b. COUNTY	St. Man	ry's
b. CITY OR TOWN RURAL ond give Rural	(If outside corporate limits, v negrest town) Clements	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III	outside corporote limits, write l	RURAL and give ne	egresi town)
d, name of hosi or institution	PITAL (If not in hospital, give N	street oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Carr		B <b>an</b> d	4. DATE MOI OF DEATH Apri		Yeor 19 59
5. SEX		MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (in years play) birthday)		R IF UNDER 24 HRS.
Female	Colored w		Aug. 13,/	784 14 yrs.		Hours Min.
during most of we House	TION (Give kind of work done or king life, even if relired) Wife	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SION	-	U.S.	OF WHAT COUNTRY
13. FATHER'S NAME	3		14. MOTHER'S MAIDEN	NAME 7		
15. WAS DECEASEDEY (Yes, no. or unknown) NO	VER IN U. S. ARMED FORCES (It yes, give wor or dates of service	0	ng P. Bond	Clement	s, Mary	land
	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  any, which (b) immediate g the under-	per line for (a), (b), ond (c).}  ADENOGARCINOMA  EXTENSIVE CA			ON	TERVAL BETWEEN USET AND DEATH OTHER
CAT		ONS CONTRIBUTING TO DEATH BUT	•		/EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJU	URY Month, Day, Year	20d. INJURY OCCURRED 20e. PL While Not while fo	ACE OF INJURY (Hame, forn ctory, street, office bldg., etc	n. 20f. (City or town)	(County)	) (Stote)
21. I certify olive an  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	4/9 Cha. C	ceased from 3/13 1959, and that death	M.D.	M, from the causes of ADDRESS (Street, city or town,	and on the do	DATE SIGNE 25, 1959
270. BURIAL, CREMATI Burlal	ION, 226, DATE THEREOF	St. Josep	R CREMATORY	Zid. LOCATION (City, town, Morganza,		(Stole)
23. FUNERAL DIRECTO		ADDRESS	24g, REC	D BY REGISTRAR 24b. REGI	STRAR'S SIGNATU	IRE

may be retained b page 3 should be VS A15 (4) 15M 10/57



W. Clarke Mattingley Leonardtown, Md.



M

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4748 CERTIFICATE OF DEATH

04734

	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY St. Mary s MARYLANE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY St. Mary's
b. CITY OR TOWN (If outside carporate limits, write gural and give nearest town)  C. LENGTH OF STAY IN 18	c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town)
Hollywood 15 yrs	X Hollywood
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. 15 RESIDENCE ON A FARM? YES \( \sum \) NO \( \overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline
3. NAME OF First Middle DECEASED (Type or print) Francis Parran	Bond 4. DATE Month Day Year  Bond PEATH April 27. 1959
5. SEX   6. COLOR OR RACE   7. MARRIED \ NEVER MARRIED \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Nov. 24, 1876 82 yrs. 5 3 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INI during most of working life, even if retired) Plumbing	DUSTRY 11. BIRTHPLACE (Stole or foreign country)  Maryland  U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Benjamin Bond	Mary Jane Grave
[Yes, no, or unknown) [(if yes, give wor or dates of service)	Mattie I. Bond Hollywood, Maryland
PART I. DEATH WAS CAUSED BY:    HAMEDIATE CAUSE (a)	27.
PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B  200. ACCIDENT WAS UNDERLYING CONTRIBUTING COURSE OF DEATH  OR CONTRIBUTING COURSE OF DEATH  IF EITHER, NOTIFY MEDICAL EXAMINER)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \subseteq NO \subseteq \)
200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOR CONTRIBUTING DOR CONTRIBUTING DOR CAUSE OF DEATH OF THE CONTRIBUTING DOR CO	RRED. (Enter nature of injury in Port 1 or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. While Not while of work 19 of work 10 of work	PLACE OF INJURY IHome, form, foctory, street, office bldg., etc.) (City or town) (County) (State)
ACTUAL SIGNATURE  PHYSICIAN'S TARREST CO. T.	aboress (Street, city or town, stote)  Lexington Park, Maryland
220. BURIAL CREMATION, 226. DATE THEREOF 220. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
200 2002	Baltimore, Maryland
3. funeral director's signature address  J. Clarke Mattingley Leonardtown, N	Ada DATE 29'59 Carthury & Kraug

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death curificals be executed within 24 hours after death.: Page 4 may be retained by TO FUNERAL DIREC VS A15 (4) 1SM 10/57

After this certificate has been signed by the attending physician and campletery filled in by the hed for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 shrial, cremation, ar removal, and in any event within 72 hours after death.

page 3 should be an other for use as the burial-transit permit. Then please remove carban papes the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

haspital ar attending physician.

marine and the company The state of the s

	4750 CERTIFICATE OF DEATH	04736 Reg. Dist. No.
M		Residence before admission) St. Mary's
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)  Leonardtown	(AL and give nearest town)
078	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION St. Mary's Hospital	e. IS RESIDENCE ON A FARM? YEST NO
	3. NAME OF DECEASED (Type or print) Susie Anna Dyson OFATH April	1, Year
	The state of the s	White D21 Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  House wife  Home  Maryland	U.S.A.
	13. FATHER'S NAME  THERE DESIGN Daniel Woodland  Rily  Rily	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (19st. no. of unknown) (1) per, give wor of dates of service) (1) Clem Dyson Bushwood, Mar	yland
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), stating the under.  DUE TO	- 9 more
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN  Option my en liting of foot	19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING I CAUSE OF DEATH  OF LITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Have a.m. 19 White Nat white at work at wore work at	(County) (State)
	21. I certify that I attended the deceased from 1 15 , 1959, to 4 , 1957, alive on 3 3 , 1959, and that death occurred at 1 1 10 M, from the causes and ADDRESS (Street, city or town, states SIGNATURE 1	that I last saw the deceased on the date stated above DATE SIGNE
- 1	PHYSICIAN'S William D. Boyd M.D. Leonardtown, Mary	land //

22a. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 4/4/59

22c. NAME OF CEMETERY OR CREMATORY Sacred Heart

22d. LOCATION (City, town, or county) Bushwood,

(State) Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS W. Clarke Mattingley Leonardtown, Md. APR 9 '59

246. REGISTRAR'S SIGNATURE Circhar S. Hrases

TO FUNERAL DIRECTOR POSE 3 should be 15M 10/57

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page &

BIT. SASMIT AND LITERATE ACTIVE ATMINISTRATE CHRESTAIN HEART HE STATESTAN THE RESERVE OF THE PARTY OF THE . I says the constitution of the contract of

# FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil is them. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for the following the word "pending" in pencil is them. 18. Give Pages 5 may be retained to the files. TO FUNERAL DIRECTOR: Page 3 should be used as afourially family permit. File pages 1 and 2 with the State Boofs of Health, or its designated agent, prior to burial, cremotical, or remotal, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04737

Reg. Dist. No.

	ACE OF DEATH				2. USUAL RES				If institut		nce bef	ore odmi	ission)
		Mary's		MARYLAND			ginia			Arli	ngto	n	V
	and Bine searest take			c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (II	outside co	rporote limi	its, write	RURAL and	give no	parest to	wn)
-		XENT RIVER		Seconds	1010	S. Q	uebec	St.	, P	rling	gton	83	3x.3
d.	NAME OF HOSPITA	AL OR INSTITUTION	(If not in has	pital, give street address)	d. STREET								ESIDENCE A FARM?
					1010	S. Q	uebec	St.					NO
3. N.	AME OF		irat	Middle	Lost		4. DATE		Month		Doy	Y	feor
	ype or print)	El	legood	Vaughan	GRIFF	IN Jr		Apri	1	5		1	9 59
5. SE	X	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH	1		9. AGE (t	n years	IF UNDER	-	IF UND	ER 24 HRS
N	lale	Caucasian	WIDOWED	DIVORCED [	Septembe	er 29	1928		yes.	Months	Days	Hours	Min.
100.	USUAL OCCUPATIO	ON (Give kind of work	dane 10b. K	IND OF BUSINESS OR INDUS						12. CITI	ZEN OF	WHAT	COUNTRY
S	ales En	g life, even if retired) Zineer	Ele	ectronics Ed	Nort	th Car	rolin	A		115	SA		
-	ATHER'S NAME				14. MOTHER'S			UI.		1 00			
F.	llegood	Vaughan	Griff	fin	Marg	aret	H.				+		
15. V	WAS DECEASED EVI	ER IN U. S. ARMED FO	ORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT) &	02 - 2 - 1	TI C	3.7	Eldran	2		10	
IANT A	no, er unknown)	6/50 to 8	1 107 (c)	238 32 2620	MART	I Cla	yaco.	stia,	Tieco	ords.			
-					Ivalet	, ,	Maco.	ovia	,	•		-	
		TH   Enter only one co 'H WAS CAUSED BY:				_					ONSE	VAL BETWE	ATI6
	F/	IMMEDIATE CAUSE (	**	CTURE, SKULL,							In	medi	iatel
	060X	DUE TO	and	other multip	le injur:	les.							
	Conditions, if or		b)										
	gave rise to immed (a), stating the s												
	couse lost.	) (	c)									-	
3	PART II. OTH	IER SIGNIFICANT CO	NDITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERM	NAL DISEA	SE CONDIT	ION GIVE	N IN PART	1(0) 19		AUTOPSY RMED?
3											Y	ES E	NO [
CERTIFICATION	PRIMARY TO CON	ISE WAS	20b. DESCRIBE	HOW INJURY OCCURRED.	Enter noture of in	jury in Par	I I or Port I	I of item 18	3.)				
8	CAUSE OF DEATH.	AIKIBUIINO LI	Crash	, while landing	ng, of mi	ilita	ry ai:	rcraf	t.				
3 3	Oc. TIME OF INJUI	RY Month, Doy, Yo	eor 12045	WHERE GEENERED TOOTPU	CTY OF MPANEKA	lette, form				(Cav	nty)		(State)
MEDICAL	11:30 3536	April 5 19	59 of wo	Not while USN	S Rumus	TEMEG., etc.	Pata	uxent	Rive	ar St.	Mar	n, 1 g	Ma.
			e of the s	emains described abo	ave held an	Autono						4	
			/						_		_		d in my
(	opinion death	resulted from:	Natural	auses [], Accident	30, Suicide	· 🔲 , '	Homicidi	c [_], {	Jndeter	mined n	nanne		
	ACTUAL	of E. Ston	Y. CAP	T MO USN	USNAS	PATU	XENT	RIVER	. MD.	4-5-	-59	DATE S	IGNED
	SIGNATURE	M. D. MICH	Oni	7 10010	M.D. CHIEF N	REDICAL EX	AMINER [	1		, ,			
	EXAMINER'S	MUST	1/0	end PTI)	ASSISTA	NT MEDIC	AL EXAMIN	ER					
	NAME (Type)	WM. D. BO	YD, M.	0.7	DEPUTY	MEDICAL	EXAMINER)						
	BURIAL, CREMATIO REMOVAL (Specify)	N. 22b. DATE THERE	OF	22c. NAME OF CEMETERY O	RCREMATORY		22d. 10C/	ATION (City	, town, or			(Stote	
Bu	rial-Shi	oment 4-7	-59	Unknown			-	w Bern	n	No	. Ca	roli	ina
	UNERAL DIRECTOR		1 0		Ington D	240. REC'	D BY REGIS		ib. IEGIS	TRAN'S SIG	NATUR	E	
Ad	lams Fune:	ral Home,	4748 W	isconsin Ave.	, NW,	DAMPR	B '5	9	ark	w 8. A	Sund		
-											- J-		-

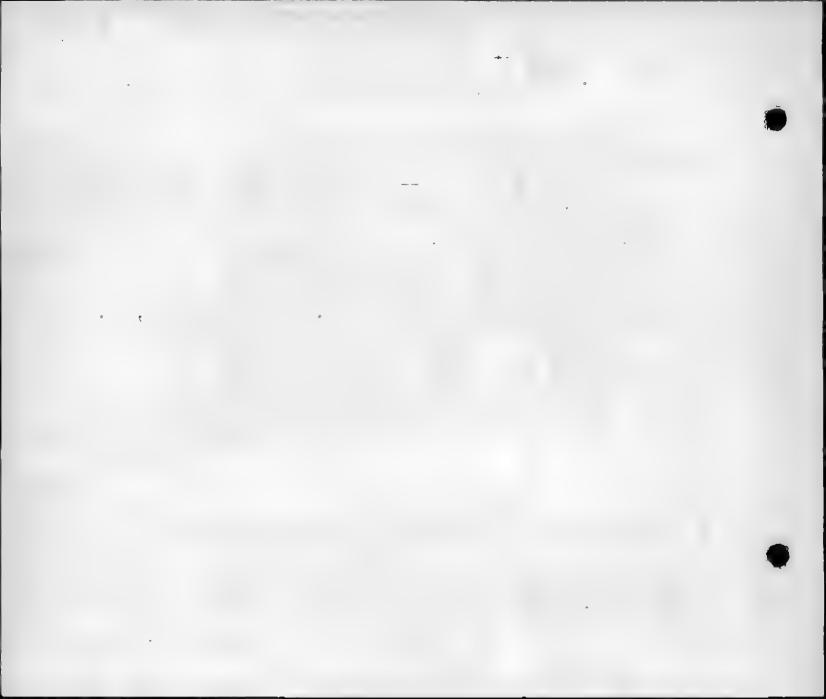
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VS. A15ME 5M 2/57

PERSONAL PROPERTY NO. According to the control of the cont English Deservation betrebte be The latest the second of the s Thinking The Think the second to the second material and a state of the sta 5 1 5 15 .ter to meet both, who of the rest. the contract the second property of the contract of the contra AND AND DESCRIPTION OF A STREET OF A STREE

FOR STATE			Item S. Fi	ICAL EXAMINER'S	CERTIFICA	TE OF DEA	TH ()4738
HEALTH DEPT	ايو	1 /	LACE OF DEATH 4752	Plan (s. s.)	2. USUAL RESIDENCE	(Where deceased lived.	If institution: Residence before admission)
88 £ /E	4	10	St. Marys	MARYLAND	- CVARC OF	vland b	COUNTY St. Marys
Files.		Ь	CITY OR TOWN (If outside corporate limits, write it	URAL C. LENGTH OF STAY IN 16	c CITY OR TOWN		ts, write RURAL and give nearest town)
E S	-1		Leonardtown			lifornia	
p p		d	NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give street address)	d STREET ADDRESS		e IS RES DENKLE
07	1		St. Marys Hospit		/ F	Rural	ON A FARM?
Stote		3, 1	AME OF First	Middle	Lost	4. DATE OF	Month Day Year
2000			ype or print) Lilliar		oltz	DEATH ADP	il 4 19.59
50 75		5. 5	6 COLOR OR RACE	MARRIED NEVER MARRIED 8.	DATE OF BIRTH	9, AGE (Liter britis	years IFUNDER TYEAR IF UNDER 24 HRS
			female white	WIDOWED DIVORCED 6	/16/18732	86	yrs Manths Days Hours Min.
		10o.	USUAL OCCUPATION (Give kind of work do iring most of working life, even if retired)	ne 106 KIND OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (Sto	ite or foreign country)	12 CITIZEN OF WHAT COUNTR
			dousewife	domestic	Marylar	nd	USA
2 S S S S S S S S S S S S S S S S S S S		13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
0 E 0 E			Thomas Mul		Unknown	<u> </u>	
Z Sich			WAS DECEASED EVER IN L. S. ARMED FORCE 10, as unknown] [If yes, give war as dates of set	(ES?   16. SOCIAL SECURITY NO   17. IN	IFORMANT		Address
£ . £ . 6					ohn W. Hol	tz -Calif	orniam Md.
e e e			18 CAUSE OF DEATH (Enter only one couse	per line for (a), (b), and (c), ]	. / .	1	INTERVAL BETWEEN ONSET AND DEATH
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Freature	& Heut	f (Denver	c) 5- 1/1 ~
0 10 N			S O X DUE TO			C	
	$\forall$		Conditions, if any, which) (61_	-			
2 2 2 2 2			gave rise to immediate couse ( (a), stating the underlying (DUE TO				
E . C			couse lost. (c)				
a Sing of the sing	,	Ž		Contraction	· / /	MINAL DISEASE CONDIT	ON GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
col col		3		Judans True 1		7-13-3-	YES NO H
- G G		FETER	PRIMARY ET OF CONTRIBUTING LT	DESCRIBE HOW INJURY OCCURRED (E		· ,	
and		11 0	CAUSE OF DEATH.	- auto acci		routs.	
#S#2	. A	200	20c. TIME OF INJURY Month, Doy, Year Hour arm.	20d INJURY OCCURRED 20e, PLACE While Not while of work POLO	IE OF INJURY (Home, to my, street, office bldg., e	Hc.) (City or town)	(County) (Stote)
age		MEDI	5120 p.m / 19				
P P G			21. I certify that I took charge				
Pax Ea			opinion death resulted from: No	otural causes . Accident	X, Suicide ,	Homicide, L	Indetermined monner
			ACTUAL (7	S 27 ()			DATE SIGNED
for for dise	1		SIGNATURE	Life agel	_M.D CHIEF MEDICAL		
A A L	h <sub>a</sub> r		EXAMINER'S			ICAL EXAMINER	4/5/59
A E E		00	NAME (Type) Wm. D. Boj		DEPUTY MEDICA		
\$ 4E 4		220	BURIAL, CREMAT ON, 226 DATE THEREOF			22d LOCATION (City	2.4
5 45 0		72	Burial 4/8/59	Mt. Olive		Balti	
S. A15ME		23.					6. REGISTRAR'S SIGNATURE  CITCHUM B. FLIMMA
5M 2/57	*		P.B. Robinson -	Leonardtown, Md	DATE	APR 7 '59	County 2. / State

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



04739

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) filed o. COUNTY **b.** COUNTY Mary's MARYLAND St. Mary's b. CITY OR TOWN (If outside corporate limits, write E. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Rurak Rural Maddox Maddox d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES X NO NAME OF First 4. DATE Year DECEASED Aloysius 20 19 59 Claude (Type or print) Lacev DEATH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED KNEVER MARRIED B DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS last birthday) Months White Male WIDOWED [7] DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland U. S.A Farmer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Jeseph Francis Lacev Annie Florence IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) No Maddox, Maryland -36-608LMary Ε. Lacey 18. CAUSE OF DEATH [Enter only one couse per line, for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to **DUE TO** permit. Conditions, if any, which ! gove rise to immediate DUE TO couse (a), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f (City or town) (County) (Stole) foctory, street, office bldg. etc.) Hour g. m. Nat while of work of work p. m 21. I certify that I attended the deceased from \_\_that | last saw the deceased alive on and that death occurred M, from the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Mechanicsville, Maryland 220 BURIAL CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) Sacred Heart Bushwood Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE APR 2 3 '59 W. Clarke Mattinglev Leonardtown.

death. havrs ofter 0 VS #15 (4) 15M 10/S7



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
D	4754 CERTIFICATE OF DEATH	

St. Mary's Hospital

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED [

William

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)

DUE TO

DUE TO

Day, Year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B

Julian S. Lane M.D.

W. Clarke Mattingley Leonardtonn, Md.

206. DESCRIBE HOW INJURY OCCUR

and that dea

22c. NAME OF CEMETERY Joy Chape

ADDRESS

20d. INJURY OCCURRED While Not while

of work at work

MARYLAND

c. LENGTH OF STAY IN 16

lday

Thomas

Middle

DIVORCED |

ATE OF DEATH	1		Reg. Dist	2 200 1	141	ļ
2 USUAL RESIDENCE (Who o. STATE Maryla		d lived. If institution b. COUNTY	01 1		admissi V <sup>1</sup> S	on)
c. CITY OR TOWN (If or		prote limits, write Ri				1
X Hollywood			_			
d. STREET ADDRESS				0		DENCE FARM? NO 🔯
Lost	4. DATE OF	Mont	th	Day	Y	ear .
Lawrence	DEATH	11/21 -12		24		9 59
B. DATE OF BIRTH Aug. 5,1906	5	9. AGE (In years last birthday) 52 yrs	Menths 1		F UNDE	R 24 HRS Min
OUSTRY 11. BIRTHPLACE (Stole	or foreign c	ountry)	12 CITIZ	EN OF	WHAT	COUNTRY
Virginia	<b>a</b> .		U.S	.A.		
14 MOTHER'S MAIDEN N	AME	,				
Matt	ie	Tende	11			
INFORMANT		Addr	ess			
laude S. Lawr	rence	Holly	wood,	Mai	cyla	and
00000				INTER	VAL BET	WEEN
						1
a fres				2	9/1	~
		<del> </del>			0	
UT NOT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART		PERFO	NO []
RED. (Enter nature of injury in P	ort I or Por	t 11 of ilem 18 )				
PLACE OF INJURY (Home, form, fociory, street, office bidg., etc.)	20f. (Cit)	or town)	(Co	unty)		(Stale)
1 , 1957 1014	Land?	19[9	,,that I la	st sav	v the	deceased
th accurred at 2.4	M, from	n the causes a	nd on the	date		
M.D.	DORESS (S	Peet, city or town, t	Hote)		DA	TE SIGNED
Lexing				an.	d	
or CREMATORY el Cemetery	220 10CA	TION (City, town, o	r county)	lar	y Lai	hd
24g. REC'D	BY REGIST	RAR 24b. REGIS	TRAR'S SIGN	ATURE		

arthur S. Kruss

220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (SOPON) BURIAL 4/27/59

CATION

PLACE OF DEATH

St. Mary's

d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION

White

John Lawrence 15 WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO

during most of working life, even if retired)
Brick Mason

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)

Conditions, if ony, which gove rise to immediate

cause (a), stoling the underlying couse last

20c TIME OF INJURY

alive on

ACTUAL PHÝSICIAN'S

NAME (Type)

Hour o. m.

p. m.

23. FUNERAL DIRECTOR'S SIGNATURE

206. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Month.

21. I certify that/1 attended the deceased from

b. CITY OR TOWN (If outside corporate limits, write

RURAL and give nearest lown)
Leonardtown

o. COUNTY

NAME OF

5. SEX

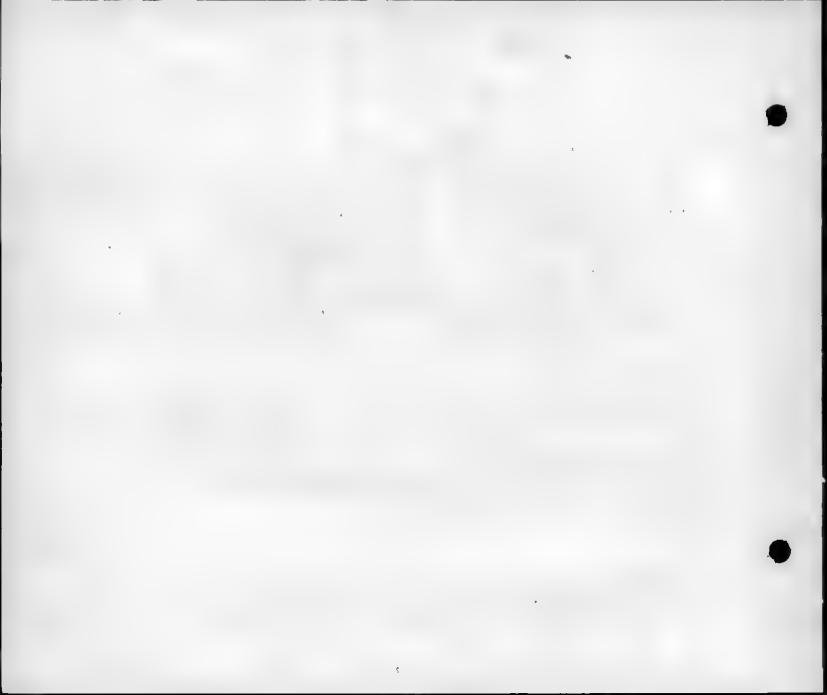
DECEASED

Male

13. FATHER'S NAME

(Type ar print)

VS A1S (4) 15M 10/57



execute the certification of should be for TO FUNERAL DIRE

VS. A15ME 5M 2/57

1 8 8 3

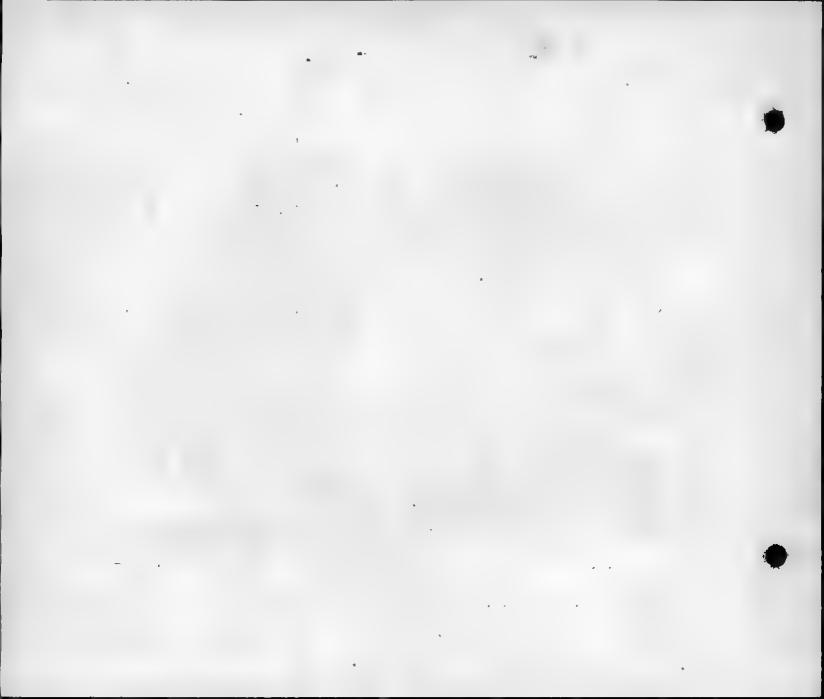
W.

X

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

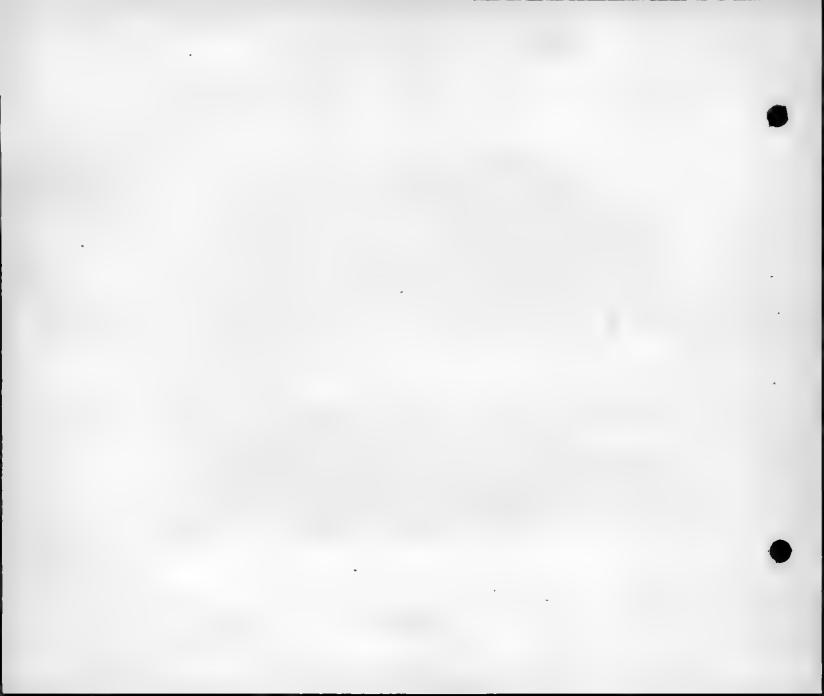
04741

		Keg, DIST, NO.
1. PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased hived If institution Residence before camiss on)
St. Mary's	MARYLAND	o STATE Maryland b COUNTY St. Mary's
b. CITY OR TOWN (If outside carporate limits write RURAL ond give negress form)  c. LENGTH OF	STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Rural Great Mills   2 mos		X Great Mills,
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street	oddress)	d. STREET ADDRESS . IS RESIDEN
		Hill's Trailer Court YES NO
3. NAME OF First Mid	idle	Lost 4 DATE Month Day Year
(Yunn as	LINT,	
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER M	ARRIED 🔀 B (	DATE OF BIRTH 9 AGE (In your IF UNDER 14EAR IF UNDER 24 F
	Total Control	ecember 11, 1958 yn 3"" 27'   ""
100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINES during most of working tile, eyen if retired)	SS OR INDUSTRY	Y 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNT
Infant		Edmore, Michigan USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Kenneth Wayne Lint Sr.		Shirley May McQueen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIT	Y NO. 17. INF	FORMANT Address
No	K.W	Lint, Sr. (Father) Great Mills, Maryland
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and	(c) ]	INTERVAL BETWEEN DINSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	elar.	meumon dill 3 bry Y
491X DUE TO		
Conditions, if ony, which) (b)		V -
gove rise to immediate cause		
(e), stating the underlying DUE IO		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS
15		PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING  CAUSE OF PEATH.	OCCURRED (Ent	ter nature of injury in Part I or Part II of item 18 )
CAUSE OF DEATH.		
3 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURR	ED 20e PLACE	E OF INJURY (Home, form, 20f (City or town) (County) (Stote
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRY Hour o. m. p. m. 19 of work of work of work	' '	ry, street, office bldg., etc.)
		e, held on Autopsy 4. Inspection 4. Inquiry 4. and in r
opinion death resulted from a Notical causes	Accident [	
My Caylor 1	-	
ACTUAL W.L.CAMBBELL, IT MC USNR,	STAHOS:	SP USNAS PATUXENT RIVER, ND. 4-8-59 DATE SIGNED
SIGNATURE	()	ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) WM D. BOYD. M.D.		DEPUTY MEDICAL EXAMINER TO
220. BURIAL, CREMATION 226. DATE THEREOF TOLENAME OF	EMETERY OR C	
AFACOVAL (C =L.)	Pleasar	to a contract of the contract
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
W.Clarke Mattingley Leonardto	own. Mo	



I

		MARY	LAND	STATE DEPA	ARTM	ENT OF H	<b>IEALTH</b>	-BAL	TIMORE, 1	8	43 A 54	110
		4758		CERT	IFIC/	ATE OF I	DEATH	í		Reg. Dist	()47	22
T.	PLACE OF DEATH COUNTY St. N	lary's		MAR	YLAND	2. USUAL RES	DENCE (Wh	ere deceased	lived. If institution b COUNTY	n Residence	e before o	edmission)
	b. CITY OR TOWN ( RURAL and give n	If autside carparate limi	ts, write	c. LENGTH OF STAY				utside corpo	rote limits, write RL	IRAL and gr	ve neares	t lown)
r		TAL (If not in hospital, g	osni	oddress)	уъ	d. STREET		irane	8		e.   Y	S RESIDENCE ON A FARM? ES NO 127
3.	NAME OF DECEASED (Type or print)	Caleb		Morri		Mill		4. DATE OF DEATH	April	h	Doy 5	Yeor 1959
5.	sex Male	6. COLOR OR RACE	7. MARI WIDOW	NEVER MARR		B. DATE OF BIRT		374	9. AGE (In years lost birthdoy)		$\overline{}$	UNDER 24 HRS. Ours Min.
L	Water	ON (Give kind of work king life, even if retured NAN	dane 10b.	KIND OF BUSINESS (	DR INDU	M	aryla	or foreign co	ountry)		S.A	VHAT COUNTRY
13	Billy	Miller				14. MOTHER'S	n nadian i IBC					
15 {Y		R IN U. S. ARMED FOR (If yes, give wor or dates of s		None	D. 17, ₹	Mary Mary	Cece.	lia J	ohnson	"Sr.I	nig	œs
		ATH (Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	<u>. C</u>	ne for (o), (b), and (c)	7	limo	rh	Lar				AL BETWEEN AND DEATH
	Conditions, if or gove rise to it couse (a), stating lying couse last.	mmediate (		feneral	ine	dont	ine	401	Caron	0	10	Year
CERTIFICATION		HER SIGNIFICANT CON	DITIONS (	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIVE	N IN PART	P	WAS AUTOPSY ERFORMED?
		AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	OCCURRE	D (Enter nature d	of injury in P	art I or Port	II of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	Y Month, Day, Yes	While	NJURY OCCURRED  Not while	20e. PL	ACE OF INJURY office	Home, form, e bldg., etc.	20f. (City	or town)	(Co	ounty)	(Slale)
	21. I certify the	at I attended the	deceas _, 12 <u>5</u>		(O death	accurred at	The same of the last		the causes areet, city or town, 1	nd an the		the decease
	ACTUAL SIGNATURE		P	Ben	-h	<u></u>			reer, city or lown, 1	(	ipn	1459
72	PHYSICIAN'S NAME (Type)			M. D.	ETERY A		Grea	****		aryla	and	· · · · · · · · · · · · · · · · · · ·
L	REMOVAL (Specify) Burial FUNERAL DIRECTOR	4/7/59		Bount	Z10	n		St.I	nigoes,	Ma	aryl	and
		Mattingl	ey L		wn,	Md.		BY REGIST		Lun I.		



## ATE DEPT.

TO DEPUT execute 4 shauld TO FUNER	are the offe
VS. A15ME 5M 2/57	

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. J. ME M

1. PLACE OF DEATH	2101			2. USUAL RESIDE	NCE (Where	e deceased lived	. If institut i	an. Residenc	e before admissio	n)
St.	Mary's		MARYLAND	a STATE Ma	ryla	nd	. COUNTY	St.	l'ary's	3
b. CITY OR TOWN (if ond give negres) fown)	autside corporale limits, wi to	RUNAL .	c LENGTH OF STAY IN 16	c. CITY OF TO	WN (If out	side corporate li	mits, write R	URAL and g	ive nearest lown)	
	reat Mill	S	Life	XRural	G	reat M	ills			
d, NAME OF HOSPITA	L OR INSTITUTION (I	f not in hosp	pital, g ve street oddress)	d STREET ADD	RESS				e, IS RESID ON A F YEST	ARM?
3. NAME OF DECEASED	Fire	i)	Middle	tost		DATE OF	Month		Day Year	
(Type or print)	Elmer		Alphonsus	Norr	is i	DEATH Ap	ril	20	, 195	9
5. SEX	6 COLOR OR RACE	7. MARRIE	D T NEVER MARRIED 8	. DATE OF BIRTH		9 AGE	- Disclosed		EAR IF UNDER 2	
Male	White	WIDOWED		Maych 9,	189	9 69	yrı	Menths Po	Hours Mi	in.
10a USUAL OCCUPATION during most of working Farmer	N (Give kind of work of life, even if relired)	done 30b. K	ind of Business or Indust Farm	RY 11. BIRTHPLACE		arylan	d		S.A.	UNTRY?
John Fran	cis Alexa	and <b>er</b>	Norris	Ada L.						_
15. WAS DECEASED EVE			SOCIAL SECURITY NO. 17. K	NFORMANT			Address			
[Yes, no, as anknown]	(If yes, give wer ar dates of	service)	No	rman Nor	ris	Gre	at Mi	lls,	Maryla	ind
PART I. DEAT  974  Conditions, if or gave rise to immed [a], stating the uncounted lost.	nderlying PUE TO	Asph Hang	yxiation	NOT RELATED TO THI	: TERMINAL	L DISEASE COND	ITION GIVE		PERFORM	
PART II, OTH  200. EXTERNAL CAU FRIMARY   or CON CAUSE OF DEATH.  20c. TIME OF INJUR HOUR BUE FM.		or 20d. H	Hung self  Hung self  NURY OCCURRED   20e. PLA  Not white		e, form, 12	20f (City or lown	)	(County		State)
			emains described obc	ve, held an Ai				Inquiry		IB my
opinian death	resulted fram:	Jajural c	auses [], Accident	, Suicide	d, Har	micide [],	Maria .	mined mo		,
ACTUAL SIGNATURE_	Jilli (1)	ville		M.D. CHIEF MEDI		-			DATE SIGN	
EXAMINER'S NAME (Type)	William V	. Lovi	itt, Jr., M.D.	DEPUTY ME		MINER			4/21/5	7
220 BURIAL CREMATIO REMOVAL (Specify) Burial	1, 226 DATE THEREO	9	226. NAME OF CEMETERY OR Holy Fac			reat M			Md.	
23 FUNERAL DIRECTOR		_	ADDRESS		REC'D BY	Y REGISTRAR	246 REGIST	RAR'S SIGN	ATURE	
W.Clarke	Mattingle	y Le	onardtown,Mo	D/	TE AC	PR 2 3 '59	C	Inthur &	House	



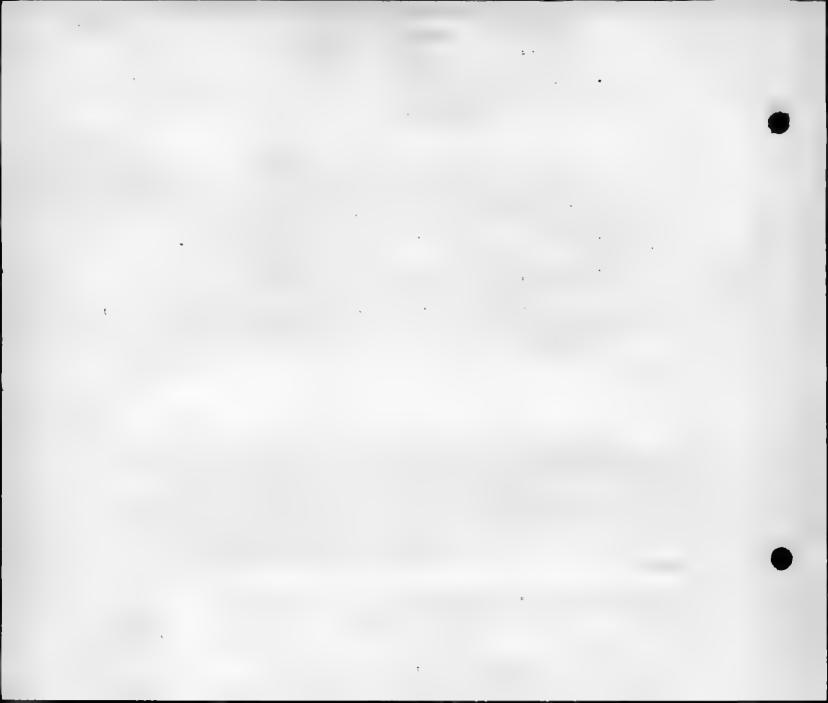
A.

ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
4758	CERTIFICATE	OF	DEATH	D

1)4744

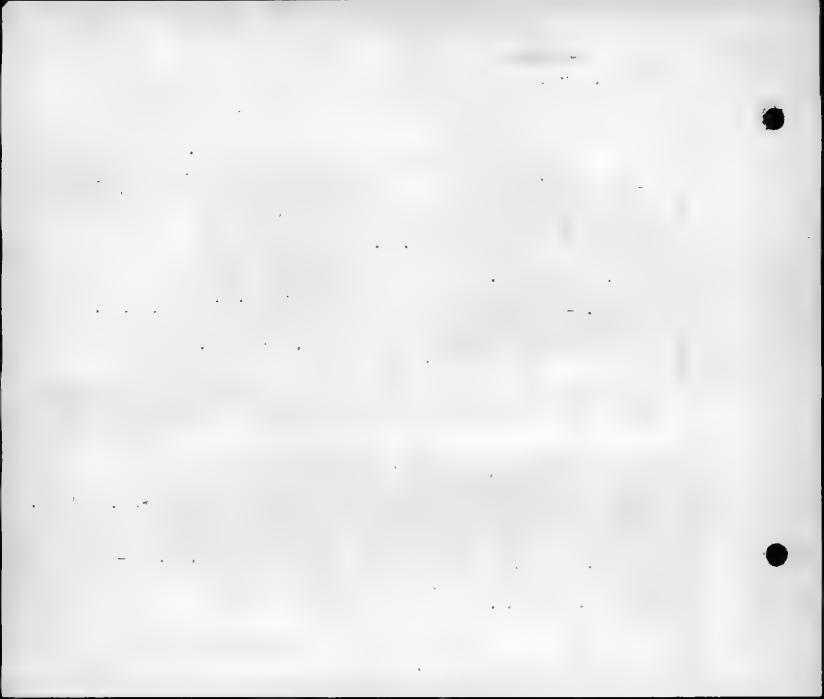
Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY			2. USUAL RESID	ENCE (Where deci	rased lived. If institut		before admission)
St.	Marys	MARYLAND		Marylan	d b. COUNTY	St. I	Marys
b. CITY OR TOWN (If our RURAL and give neares	tside corporate limits, write Il town)	c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If outside c	orporate limits, write I	URAL and give	nearest town)
Valley	Lee	2 yrs.	X	Valley	Lee		
d. NAME OF HOSPITÄL (	If not in haspital, give street	address)	d. STREET AC	DRESS			e. IS RESIDENCE ON A FARM?
F	Rural		/	Rural			YES NO 🙀
3. NAME OF DECEASED	First	Middle	Last	4. DA	TE Ma	nth	Day Year
(Type ar print)	Mary	Agnes	Perr		TH 4/	25	/ 19 59
5. SEX 6.	COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)		EAR IF UNDER 24 HRS
female	white WIDOW	ED DIVORCED	1/5/	1895	64 yrs.	Months Do	ys Hours Min,
100. USUAL OCCUPATION ( during most of working	Give kind of work done 10b	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLA	CE (State or foreign	in cauntry)	12. CITIZE	N OF WHAT COUNTRY?
housew		domestic	Wa	ashingt	on. D.C.		USA
13. FATHER'S NAME			14. MOTHER'S				
W	illiam T. Q	ueen	Uı	aknown			
15. WAS DECEASED EVER IN		SOCIAL SECURITY NO. 17. P	NFORMANT		Add	Iness	
no		M	rs.Dona	ld Garn	dr - Vall	ev Le	e. Md.
18. CAUSE OF DEATH	[Enter only one cause per l			6		,	INTERVAL RETWEEN
PART I. DEATH A	WAS CAUSED BY: MEDIATE CAUSE (a)	erebral &	emon	Inete.			ONSET AND DEATH
33/x	DUE TO 🖫	^					
Canditions, if any,	which ) (b) /	Jeneral "	d on	(emos	Elenon		10 5
gave rise la imme	diate						·
lying cause last.	under-						<u> </u>
PART II. OTHER S	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DIS	EASE CONDITION GI	VEN IN PART 1	(a) 19 WAS AUTOPSY
PART II. OTHER S	1ty by	wood					PERFORMED? YES   NO   P
200. ACCIDENT WAS U	NDERLYING   206. DE	CRISE HOW INJURY OCCURRE	D (Enter nature of	injury in Part I or	Part II of item 18)		1 4 4 4
OR CONTRIBUTING ()	CAUSE OF DEATH DICAL EXAMINER)	no	2				
3 20c. TIME OF INJURY	Month, Day, Year 20d.		ACE OF INJURY (H	ame, farm, 20f.	City or town)	(Cau	nly) (State)
20c. TIME OF INJURY A	While	Nat while for	ctory, street, affice	bldg., etc.)		-	
	attended the decea	- 410 4	color 1	your a	0 6 10	41 4 1 1	at saw the deceased
alive on Francis	Shile fundo.	(					date stated above.
dilve on Co		and that death	accurred are		ram rne causes ( \$ (Street, cuty a) town,		date stated above.
ACTUAL	lie -	Xau	L	(1,12)			1 2/ / Detv
SIGNATURE		73	M.D		4 Y		
PHYSICIAN'S NAME (Type)	Julian S. L	ane, MD		Lexingt	on Park,	Md.	
220. SURIAL, CREMATION, REMOVAL (Specify)	276. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. 10	CATION (City, town,	ar county)	(State)
Burial	4/28/59	Fort Linco	ln	Bl	adensburg	Mar;	yland
23. FUNERAL DIRECTOR'S ST	GNATURE	ADDRESS		240. REC'D BY RE		STRAR'S SIGN	
P.B. Rob	inson - Leo	nardtown, Md		DATE APR	3 0 '59	Chillun S	Thank



DATE

5M 2757



**CERTIFICATE OF DEATH** 4760 Rea. Dist. No Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) filed o. COUNTY **b.** COUNTY MARYLAND St. Marv's Bucks Pennsylvania death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town! USNAS Patuxent River Southampton d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS D.O.A. Station Hosp. Huntington Pike and New Road NAME OF 4. DATE Middle Walter Wesly SNYDER (Type or print) DEATH April 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Male Caucasiahvidowed March DIVORCED | 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Aviation Metalsmith U. S. Navv Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Snyder Margaret Marie (last name unknown) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANTOFFICIAL U. S. NAVY Records, Yes 5622 USNAS, Patuxent River, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ቕ PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Cardiac Arrest 433.0 DUE TO Conditions, if ony, which ! gove rise to immediate **DUE TO** cosse (o), stoting the underlying couse lost. burial-transit PART HI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY History of soft systolic pulmonic murmur. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Year 20d INJURY OCCURRED factory, street, office bldg., etc.) Hour e. m. Not while of work of work 21. I certify that I ottended the deceased from.... \_\_\_\_, and that death occurred ot\_\_\_\_\_M, from the causes and on the date stated above. Dead on Arrival a.m. Station Hospital ADDRESS (Street, city or town, stote) 6: ACTUAL SIGNATURE M.D. U. S. Naval Air Station prior should PHYSICIAN'S I.B.KORETSKY, LT FUNERAL I MC USNR Patuxent River, Maryland 220. BURIAL, CREMATION, 226. DATE THEREOF 22. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) poge REMOVAL (Specify) Southampton, Penn. Removal 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE DATE APR 2 0 '59

P.B. Robinson - Leonardtown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

YES NOTE

Year

INTERVAL BETWEEN
ONSET AND DEATH
Undetermined

PERFORMED?

YES TO NO

(State)

(State)

(County)

arthur & Knows

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs amay be retained 1. The haspital or attending physician.

TO FUNERAL DIRE After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be the far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs after death.

V\$ A15 (4) 15M 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		4763		CERTI	FICA	ATE OF D	EATH	1		Reg. Dis			,
1. PLACE OF DE						2. USUAL RESID	DENCE (Wh	ere deceased	lived. If institu		e before	e odmiss	ian)
	St.	Mary	5	MARY	LAND	J. Sinit	faryl	and	6. COUNT		Mari	vts	
RURAL ond	give neares	Iside corporate limi It lown)		c. LENGTH OF STAY	IN 16	/ L			ote limits, write		ive near	rest lown	)
		nardtown If not in hospital, g		Life		Rural		eonai	rdtown,				
OR INSTITU	JTION	ii noi iii nospiidi, g	jive sweet	goaress)		d. STREET A	OOKESS						FARM?
3. NAME OF DECEASED		Fa		Middle		Losi	)	4. DATE OF	Mo	mih	Day	,	r <sup>'</sup> ear
(Type or print)	}	Nell	Le	Darlene		Walls		DEATH	Aril	2.	L,		19 59
5. SEX			7. MARR	IED NEVER MARRIE	D 🔯	B. DATE OF BIRTH			9 AGE (In years Jost birthday)	IF UNDER			
Female	V	White	WIDOWI	DIVORCE		Feb.16	,195	6	3 713		Days	Hours	Min.
10a. USUAL OCC	UPATION (	Give kind of work life, even if retired	done 10b.	KIND OF BUSINESS O	RINDUS	TRY 11 BIRTHPL	ACE (Stote	or foreign co	untry)	12. CITI	ZEN OF	TAHW	COUNTR
ma.			′			Leona	ardto	wn, N	Jarylar	id (	J.S.	. A .	
13. FATHER'S NA						14 MOTHER'S	MAIDEN N	AME					
	Will	Liam Enr	nisW	alls		Lena	a Pea	rl Sn	nith				
15 WAS DECEAS	ED EVER IN	U. S. ARMED FOR		SOCIAL SECURITY NO		FORMANT			Ad	dress		-	
(Yes, no. of whitnown	1- 74	i, granus or some or i	]	Vone	Wi.	lliam E	. Wa	lls	Leonar	dtown	. M	arv	land
IB. CAUSE	OF DEATH	[Enter only ane co	use per lic	ne for (o) (b), and (c) ]		1.					INTE	RVAL BE	TWEEN
	1. DEATH V	WAS CAUSED BY: MEDIATE CAUSE (o		arzuion		H. 1	au					ET AND	DEATH
19%	, p	DUE TO				1					1		
Condition	s, if ony,	which ) (b	,										
gave rise couse (o), s	to imme	diote ( Dur 70									1		
lying cause		) (c	)										
Z PART	II. OTHER S			ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMI	VAL DISEASE	CONDITION G	VEN IN PART	1(0) 19	. WAS /	UTOPSY
LE V			1	Loure_	_								RMED?
PART  OR CONTRIB  (IF EITHER, N	NT WAS U	NDERLYING	20b. DES	CRIBE HOW INJURY OF	CURRED	(Enter nature of	injury in P	ort I or Port	II of item 18.)				
	NOTIFY MED	CAUSE OF DEATH !		more	2								
3 20c. TIME OF		Aonth, Day, Ye	or 20d II	UURY OCCURRED	20e. PLA	CE OF INJURY (I	dome, form,	20f (City	or town)	IC	ounty)		(Stote)
20c. TIME OF Hour	g. m	hos 19	While at worl	Not while	Foc	tory, street, office	bldg., etc.; –∜	_					
21. I certi	ify that I	attended the	decease	ed fram \ul	1	, 1958	, ta 🕮	fil's	0 195	].,that	ast sa	w the	deceas
alive ag_	14	ilsi	J. 98 J	and that	death	accurred at	34	M. fram	the causes	,			
	11	ko				1	-	DORESS (SI)	eel city or town	, stole),	†		TE SIGNI
ACTUAL SIGNATURE	X	na	1	1 au	,,	A.D.		pho	200	1	1		
PHYSICIAN'S	. 4			(				/					
NAME (Type	1 4	ulian S	• Tra	ne M. D.		Lex	ingto	on Pa	rk. Ma	rylan	d		
220. BURIAL, CRE	MATION,	26. DATE THEREC	F	22c NAME OF CEME		CREMATORY		22d LOCATI	ION (City, fawn,			(Stote	)
Buria	I""	4/23/59	9	OddFello	WS			Camo	ien		De	Lawa	are
23 FUNERAL DIR				ADDRESS				BY REGISTR	AR 245 REG	ISTRAR'S SIG	NATURE	E	
W.Clar	ke Ma	attingle	ey L	eonardtow	n, l	Md.	DATE AP	R 2 3 '5	9 0	inthur L	Perau	4	



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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EVAMINED'S CEDTIESCATE OF DEATH

04735

1. PLACE OF DEATH a. COUNTY St.	Mary's	MARYLAND	2. USUAL RESIDENCE o. STATE Mar	(Where decedy)	b. COUNTY		Mary	
and give nearest to	plf outside corporate limits, write write nt - Rural	c. LENGTH OF STAY IN 16			porote limits, write nt - Rura		give nearast	town)
d. NAME OF HOSE	PITAL OR INSTITUTION (IF	not in hospital, give street address)	d. STREET ADDRESS				0	RESIDENCE N A FARM?
NAME OF DECEASED (Type or print)	First		lost arence	4. DATE OF DEATH	Month April	27.	Day	Year 19 59
sex Male	Caucasian	7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED 1	October 2,		9. AGE (In years lost birthdoy) 56 yrs.	IF UNDER 1	YEAR IF UN	DER 24 HRS
on. USUAL OCCUPA during most of work Torpedoma	king life, even if refired)	U. S. Navy	11. BIRTHPLACE (Sie	ote ar fareign	country)	12. CITIZ	EN OF WHA	T COUNTR
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
	Frank Wi	egman	Lena	Jense	en			
(Yes, no, or unknown)	EVER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT		Address			
Canditions, If gove rise to imm (o), stoting the cause last.  PART II. O	underlying DUE TO	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINALDISEAS	SE CONDITION GIVE	EN IN PART	1(o) 19. WA:	S AUTOPSY
	AUSE WAS CONTRIBUTING C	DESCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in P	ort 1 or Part II	of item 18.)		YES 🗌	но 🕡
20c, TIME OF INJ Have a. m	n.		E OF INJURY (Home, forcy, street, office bldg., e	orm, 20f. (Cit	y or town)	(Coun	nry)	(Stole)
death resulte	ed fram: Natural c		ide [], Hamicio	de 🗍. U	nspection X,	_	, and	I find the
SIGNATURE EXAMINER (Type)	E PYNATTE, L	T MC USNR, USNAS, Pat	M.D. CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICA	ICAL EXAMINI		-37	4/	29
Burial	10N, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	National	A-	TION (City, tawn, o	. Va		ate)
P.B.R	binson - I	- Decrientles	DATE	APA 3 0		itrar's sign		

VS. A15ME(5) 5M 9/55

DELISION OF THE PROPERTY AND ADDRESS. and - fulde calls College to the College of the Colleg The state of the s

VS A1S (4)

hours after

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Robinson - Leonardtown, Md.

DATE APR 3 0 '59

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